

STAFFORD COUNTY PUBLIC SCHOOLS

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ANDRE A. NOUGARET
Interim Superintendent



HIGH SCHOOL Student Transfer Form 2006-2007 School Year ONLY

STUDENT TRANSFERS MUST BE REQUESTED NO LATER THAN JUNE 1, 2006.
CURRENT TRANSFER STUDENTS NEED NOT REAPPLY FOR TRANSFER.

PLEASE NOTE: ALL STUDENTS MUST BE REGISTERED AT THE SCHOOL IN THEIR ATTENDANCE AREA PRIOR TO SUBMITTING A TRANSFER APPLICATION.

The following school(s) are **CLOSED** for transfers: Stafford High School. Please call 540-658-6000 to verify requested school is open to transfers. Transfer Requests to closed schools will be denied.

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GRADE 2006-07
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SCHOOL ATTENDED 2005 - 06	SCHOOL IN ATTENDANCE AREA	SCHOOL REQUESTED
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REASON FOR TRANSFER REQUEST (Please check all that apply)

- ☐ OPEN SCHOOL - PREFERENCE
☐ PARENT EMPLOYED AT REQUESTED SCHOOL
☐ MOVING INTO THE COUNTY DURING FIRST 9 WEEKS OF SCHOOL YEAR (must provide proof of residency)
☐ MOVING OUT OF THE COUNTY DURING THE LAST 9 WEEKS OF THE SCHOOL YEAR (request to remain at current school)
☐ MOVING WITHIN STAFFORD COUNTY AND WISH TO REMAIN AT CURRENT SCHOOL
☐ OTHER (please explain) _____

Parent / Guardian Name (**PLEASE PRINT**) _____

Address: _____

Mailing address if different from above: _____

Phone: Home () _____ - _____ Work () _____ - _____ Cell () _____ - _____ FAX () _____ - _____

E-mail: _____

Does your student receive Special Education Services? NO _____ YES _____
If yes, list disability and any other pertinent information _____

VHSL RULES APPLY TO HIGH SCHOOL STUDENTS WISHING TO TRANSFER

Section 28-6-1 Transfer rule of the Virginia High School League states that a student will be ineligible to participate in VHSL-sponsored activities for 365 consecutive calendar days if enrolled in one high school and subsequently transfers to another high school without a corresponding change in residence of his/her parents/guardians.

HIGH SCHOOL PARENT/GUARDIAN: Please sign to signify your understanding of this rule:

Date _____ Parent/Guardian _____

I request permission to transfer the student listed above. I understand and accept that transportation is the responsibility of the parent or guardian. I also understand and accept that attendance zone transfers **MUST** be requested **NO LATER THAN June 1, 2006.**

DATE _____ PARENT / GUARDIAN SIGNATURE _____

DATE _____ APPROVAL BY SUPERINTENDENT _____

FOR OFFICE USE ONLY

Reviewed By _____	APPEALED - DATE _____
Reason Code _____	APPEAL DENIED - DATE _____
DENIED - DATE _____	APPEAL APPROVED - DATE _____